

FILED

APR 15 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

Case Number: CV 07-08058 *CWS*

5084

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

NO

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of McCurdy C76230 for the last six months at **CORRECTIONAL TRAINING FACILITY** P.O. BOX 686 SOLEDAD, CA 93960 [prisoner name] **ATTN: TRUST OFFICE** where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 36.28 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 33.62.

Dated: 4-11-08

Brenda Nation, Acct Technician

[Authorized officer of the institution]



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 4-11-08

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *Brenda Nation*
TRUST OFFICE

Acct Technician

REPORT ID: TS3030 .701 REPORT DATE: 04/11/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 12, 2007 THRU APR. 11, 2008

ACCOUNT NUMBER : C76230 BED/CELL NUMBER: CFED00000000184L
ACCOUNT NAME : MCCURDY, KENNETH DONALD ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/12/2007		BEGINNING BALANCE					144.39
11/13	FC05	DRAW-FAC 5	1549 ED			65.00	79.39
12/06	D550	INMATE PAYROL 1745 PIA1		70.15			149.54
12/10	FC05	DRAW-FAC 5	1824 EDORM			60.00	89.54
12/12	W450	DONATION-VETE 1841 PLAZA				33.35	56.19
12/14	W810	CANCELLED CHE 1882 36337				5.00	61.19
		ACTIVITY FOR 2008					
01/07	D550	INMATE PAYROL 2044 PIA1		42.20			103.39
01/08	FC05	DRAW-FAC 5	2098 EDORM			103.39	0.00
02/04	D550	INMATE PAYROL 2462 PIA6		24.21			24.21
02/11	FC05	DRAW-FAC 5	2571 ED			24.00	0.21
03/06	D550	INMATE PAYROL 2858 PIA2		43.59			43.80
03/10	FC05	DRAW-FAC 5	2950 EDORM			40.00	3.80
04/04	D550	INMATE PAYROL 3162 PIA1		37.55			41.35
04/07	FC05	DRAW-FAC 5	3232 EDORM			41.35	0.00

CURRENT HOLDS IN EFFECT

DATE	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/09/2008	H109	LEGAL POSTAGE HOLD	3287 LPOST	1.14
04/09/2008	H109	LEGAL POSTAGE HOLD	3287 LPOST	1.31

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
144.39	217.70	362.09	0.00	2.45	0.00

CURRENT AVAILABLE BALANCE 2.45

CORRECTIONAL TRAINING FACILITY
P O BOX 686
SUNNYVALE, CA 95060
ATTN: TRUST OFFICE



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.

ATTEST: 4-11-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *Doreen Dutton*

Rec Tech

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

**INSTRUCTIONS FOR PRISONER'S
IN FORMA PAUPERIS APPLICATION**

You must submit to the court a completed Prisoner's In Forma Pauperis Application if you are unable to pay the entire filing fee at the time you file your complaint or petition. Your application must include copies of the prisoner trust account statement showing transactions for the last six months and a certificate of funds in prisoner's account, signed by an authorized officer of the institution.

A. Non-habeas Civil Actions

Effective April 9, 2006, the filing fee for any civil action other than a habeas is \$350.00. Even if you are granted leave to proceed in forma pauperis, you must still pay the full amount of the court's filing fee, but the fee will be paid in several installments. 28 U.S.C. § 1915.

You must pay an initial partial filing fee of 20 percent of the greater of (a) the average monthly deposits to your account for the 6-month period immediately before the complaint was filed or (b) the average monthly balance in your account for the 6-month period immediately before the complaint was filed. The court will use the information provided on the certificate of funds and the trust account statement to determine the filing fee immediately due and will send instructions to you and the prison trust account office for payment if in forma pauperis status is granted.

After the initial partial filing fee is paid, your prison's trust account office will forward to the court each month 20 percent of the most recent month's income to your prison trust account, to the extent the account balance exceeds ten dollars (\$10.00). Monthly payments will be required until the full filing fee is paid. If you have no funds over ten dollars (\$10.00) in your account, you will not be required to pay part of the filing fee that month.

If your application to proceed in forma pauperis is granted, you will be liable for the full \$350.00 filing fee even if your civil action is dismissed. That means the court will continue to collect payments until the entire filing fee is paid. However, if you do not submit this completed application the action will be dismissed without prejudice and the filing fee will not be collected.

B. Habeas Actions

The filing fee for a habeas action is \$5.00. If you are granted leave to proceed in forma pauperis you will not be required to pay any portion of this fee. If you are not granted leave to proceed in forma pauperis you must pay the fee in one payment and not in installments. If you use a habeas form to file a non-habeas civil action, you will be required to pay the \$350.00 filing fee applicable to all non-habeas civil actions.

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 DILFIELDS - General Production
 5 1982
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X
 10 self employment

11 b. Income from stocks, bonds, Yes ___ No X
 12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 NONE
 22 _____

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 0 Net \$ 0

28 4. a. List amount you contribute to your spouse's support: \$ 0

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

NONE

5. Do you own or are you buying a home? Yes ☐ No ☒
Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

6. Do you own an automobile? Yes ☐ No ☒
Make Year Model

Is it financed? Yes ☐ No ☒ If so, Total due: \$ 0
Monthly Payment: \$ 0

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: NONE

Present balance(s): \$ 0

Do you own any cash? Yes ☐ No ☒ Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses?

Rent: \$ Utilities:

Food: \$ Clothing:

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)

3 _____
4 _____
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 Present CASE - CV-0705084
10 NORTHERN DISTRICT COURT

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 April 2
16 _____
17 DATE

18 Kenneth McCurdy
19 _____
20 SIGNATURE OF APPLICANT
21
22
23
24
25
26
27
28